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MONTANA NURSE

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FROM THE BOARD PRESIDENT ■ by SUSAN RAPH, BOARD PRESIDENT

Decisive and Safe Practice

DURING THE PAST FOUR YEARS of my work on the Board of Nursing I have witnessed the struggles and tears of nurses who have found themselves caught up in complaints against their licenses. In many situations, these nurses were there because they either didn't know their own scope of practice or didn't know how to say "no" to a request to go beyond the limits set forth by the Montana Nurse Practice Act. Revision of the delegation



rules in 2006 has further complicated this uncertainty of practice for some nurses as they struggle with determining the responsibilities of those they supervise. As we embark on the journey to create new rules that support the evolution of the practical nursing role, it is important that nurses have a focus and good understanding of safe practice.

The challenge for many nurses is centered in the concept of competency. Am I competent to do this task? Do I have the knowledge, skills, and abilities? If not, how do I inform my supervisor that I need help? How do I say "no" to the physician or the supervisor? How am I going to get up to speed on this new technology or task? In the case of delegation, how do I make sure that the unlicensed assistive personnel assigned to

me are capable and competent to help and perform certain tasks? How can I prioritize safe practice and ensure excellent care for my client?

This issue of the *Montana Nurse* features the Scope of Practice Decision Making Model developed in collaboration with the Board by our Executive Director, Barbara Swehla. Designed to assist licensed nurses through a step by step process of self-determination, the algorithm is steeped in questions essential to the critical thinking strategies necessary for the nursing process. What do I know about this task? What does the evidence support? Ultimately, am I willing to accept the consequences of my actions?

Next time you find yourself in a quandary over your practice, ask these eight questions in the model, and then ask yourself..."am I providing safe practice for my client?"

FROM THE EXECUTIVE DIRECTOR

In a rapidly changing healthcare environment, it is important that nurses have the tools to make sound clinical judgments and decisions about nursing practice.

......

Thank you to all of the nurses out there in Montana who are working hard to make a difference in peoples' lives! We all understand that nursing in a frontier state may pose unusual challenges, so it is not surprising that when I am out in the field visiting with staff nurses, nursing leaders, and administrators, those challenges come to light.

Nursing practice is regulated by the Board of Nursing, but nurses are also working in environments regulated by federal and state agencies. At times, nurses find the role expectations to be inconsistent with what they may have been told is okay or not okay – or at best, unclear. That is one of the reasons that this newsletter includes information about the board's Scope of Practice Decision Making Model. This is one tool that may be used when you are not sure what to do.

STATE TRAVELS

Over the previous years in which I served as Executive Director to the Board of Nursing, as well as during the past year, I have traveled around the state to provide education about the board, including its structure, processes and functions, to nurses, nursing leaders, and administrators of health care facilities. I have gone to all corners of the state, such as Kalispell, Phillipsburg, Butte, Fort Peck/Poplar/Wolf Point, Billings, Bozeman, Helena, Great Falls, and others to meet with people involved in nursing. All of this travel has provided great opportunities for dialogue about nursing issues and board policies.

A topic of great interest at this time is the Scope of Practice Decision Making Model provided in this issue (also available on our website www.nurse.mt.gov). This tool helps nurses make informed decisions about whether or not to perform a particular function and what level of licensure may be needed to do so. What is okay for one nurse to do is not necessarily okay for all nurses to do. Of course, we are always willing to help you work through this process via email, letter or phone communications.

I am glad to provide these educational opportunities and, upon request, will schedule a visit to your area or facility. This is an important role for the BON Executive Di-

rector and I am more than happy to provide this service so that individuals can gain a better understanding of board functions and how the laws and rules pertaining to nursing are applied to nursing practice. In a rapidly changing healthcare environment, it is important that nurses have the tools to make sound clinical judgments and decisions about nursing practice.

Always remember that an employer can limit a nurse's scope and responsibilities through policies and procedures, but nobody can expand the role and scope of a licensed nurse other than the Board of Nursing and Montana Legislature.

BON WINS LAWSUIT

We have many areas in our state that are primarily served by APRNs, particularly CRNAs and Nurse Practitioners. We are pleased to provide a regulatory environment that allows independent practice, which is not the case in many other US board jurisdictions.

In November 2007, the Montana Supreme Court ruled unanimously for the Board of Nursing in its interpretation of CRNA practice as independent and collaborative. The suit was brought by The Montana Society of Anesthesiologists and Dr. Michael Sterbis in December 2002. I would like to thank our attorney, Lorraine Schneider, who provided counsel on behalf of the Board in this lengthy process.

We also sincerely thank our friends in this effort, MHA – An Association of Montana Healthcare Providers and the Montana Association for Nurse Anesthetists, for their support and participation in the case. This case has been of significant interest to CRNAs around the country and, fortunately, served to validate what the Board has always maintained – that APRNs can and do function independently and collaboratively.

I look forward to meeting more of you in the coming months as I continue to travel around the state. Please feel free to call me if you wish to schedule a presentation!

Barbara Swehla, MN RN Executive Director





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- Pediatrics/PICU

The NICU at CMC is expanding from 16 beds to 25, with new features like acoustic rubber flooring. Twelve-hour night shifts are available; NRP is required within 6 months of your hire. New graduates will be considered.



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Department of Labor & Industry Commissioner Keith Kelly

Division Administrator Mike Cooney

RECENT BOARD ACTIONS

- LPN proposed rule changes ready to go to hearing on March 6, 2008 with last date for submission of written testimony 3/14/2008 by 5:00 p.m. (testimony may be provided in email, fax, or hard copy letter format if you do not plan to attend the hearing)
- Minor amendment to licensing rules pertaining to foreign educated nurses approved to go to hearing
- Drafting non-routine application rules
- Planning for the 2009 Legislature: compact licensure for RNs and LPNs; criminal background checks; and inclusion of mental health monitoring for the Nurses' Assistance Program (tentatively may propose legislation pertaining to out-of-state nursing education programs operating in Montana)
- New secretary elected for the board: Karen Pollington, RN Member, Administrative Nurse from Havre, MT
- APRN draft rules approved to go to hearing, no date set yet
- Board approved the development of draft rules to require mandatory continuing education for RNs and LPNs for continued licensure

Education Committee:

- approved faculty qualifications for those who were requesting educational waiver
- held an education workshop January 2 & 3 for state education programs, guest speaker from National Council for State Boards of Nursing (Dr. Nancy Spector, NCSBN Education Director)
- at the education workshop, clarified the program types being offered in Montana and had further discussion on the statewide model curriculum
- discussed the changes in the practical nursing NCLEX test plan, since
 the examination no longer includes
 content on IV therapy or delegation
 (because the exam must comply
 with the lowest common denominator and there are still 8 states that
 do not allow LPNs to perform any IV
 therapy functions or delegation)
- began work on drafting rule changes pertaining to nursing education and will hold a meeting with stakeholders on March 13, 2008

note: watch for proposed rule change notices and hearing dates on our website

Advanced Practice Registered Nurses — Check your expiration date on your APRN certification!

Remember that the board office must have a copy of your renewed APRN certification on file prior to its expiration date. If the renewal verification is not on record by the expiration date, a complaint will be submitted to the board's Screening Panel for possible license discipline. Current certification is a requirement for APRN licensure and your ability to practice. It is your responsibility to know when your certification expires and provide your renewed certification to the board office. We do not send out notices for certification renewals, since they are variable in terms of time lines and due dates.

SCHOOL NURSING

Barbara Swehla, MN RN, Executive Director

LPNs in a Nontraditional Setting

This article is intended to summarize the requirement for the actions an LPN must take while working in a school setting with no on-site supervision or oversight by an appropriate, licensed provider.

In order to frame the key points, I will refer to specific statutes (laws) and rules (regulations) that apply in this situation, although they are not to be construed as all-inclusive since several other regulations could be applicable to your functioning in this type of position. You may access the board's laws and rules on our website: www.nurse.mt.gov. It is important for you to realize that as an LPN, you must always be under the supervision of a licensed RN, Advanced Practice Registered Nurse (also an RN), physician, dentist, or podiatrist.

Statute 37-8-102 defines the practice of practical nursing with a specific requirement for supervision, as does rule number 24.159.1005 (1) (c) stating, "Standards Related to the Practical Nurse's Responsibilities as a Member of the Health Team (1) (c) "function under the supervision of a registered nurse, physician, dentist, osteopath, or podiatrist." Both of the above clearly specify the requirement for supervision of LPNs.

In order to more clearly define what supervision means, the Board has adopted a rule 24.159.301 (13), stating that "Supervision means provision of guidance by a qualified nurse or a person specified in 37-8-102, MCA, for the accomplishment

of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity". Again, the Board's rule outlines what supervision means for the practice of nursing and would apply to the situation for an LPN in this setting.

In terms of general requirements for LPNs in application of the nursing process (the fundamental nursing standard of care in Montana), the terminology is assistive or contributory in nature, while the RN maintains responsibility for development of the plan of care and strategies for nursing intervention and re-evaluation. The rules pertaining to these standards can be found in 24.159.1004. In order to meet these standards, a supervisory relationship with a registered nurse or other qualified licensed healthcare provider must be present.

In order to adequately comply with the above laws and rules, we require the following:

1) You must find a qualified RN to perform supervisory functions, then you and the RN will develop a written agreement/contract to provide policies and procedures for you to follow. You and the RN must ensure that those policies and procedures (including referral processes) are consistent with the National Association for School Nurs-

- ing standards (that website is:
 www.nasn.org);
- 2) Ensure that such contract includes a mechanism for obtaining "initial direction and periodic inspection" of your practice (which would include evaluation of your practice and nursing documentation) as required by rule;
- 3) If you establish relationships with physicians for hearing and vision screenings, ensure that you have a similar written agreement/contract with each to ensure appropriate policies and procedures are in place prior to performing those functions, including referral criteria and processes;
- 4) Ensure that the policies and procedures clearly delineate what you should do when you identify anything out of the scope of standardized procedures and routine assessment, and that you contact your supervising RN for direction and the child's parent or licensed provider for follow up;
- 5) Have your employer approve all policies and procedures, including how that contractual relationship will work to ensure supervision and an appropriate level of LPN practice as required by the Board of Nursing.

Should you have any questions or concerns, please do not hesitate to contact me at (406) 841-2342.

- 1. Describe the act to be performed
- 2. Is the act specifically permitted or prohibited by the MBON laws &/or rules?

If no: and it is expressly prohibited, STOP.
If yes: go to Step 5.
If you are unsure, go to Step 3.

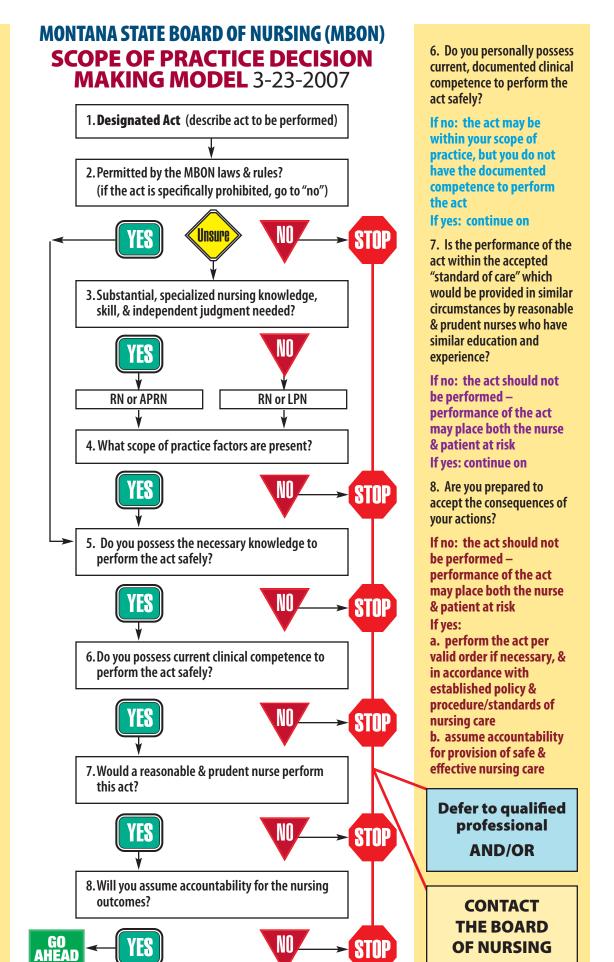
3. Does the act require you to have substantial specialized nursing knowledge or skill, does it require education beyond basic education for licensure & independent judgment?

If no: the act may be within the scope of practice for an RN or LPN.

If yes: it may be an act within the scope of practice for an RN only or APRN.

- 4. Is the act consistent with the scope of practice based on the following factors?
- a. taught in basic nursing education program
- b. included in national nursing organization's standards of practice
- c. supported by nursing literature & quality research
- d. appropriately
 established policy &
 procedure is in place in
 the employing facility
- e. addressed by a MBON advisory opinion, Frequently Asked Question (FAQ) or Declaratory Ruling
- 5. Do you personally possess the depth and breadth of knowledge to perform the act safely & effectively?

If no: the act may be within your scope of practice, but you do not have the knowledge base to perform it If yes: continue to next question



MONTANA STATE BOARD OF NURSING

APPLICATION OF GUIDELINES FOR DECISION MAKING REGARDING SCOPE OF PRACTICE

Approved March 2007

The profession of nursing is a dynamic discipline. Practice potentials transform and develop in response to health care needs, technological advances in health care, changes in the needs of society, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency-based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experience, and professional development activities.

The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of practice, all nurses are expected to maintain competence, which may be accomplished in many ways. The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of practice. Since roles and responsibilities of nurses are constantly changing and increasing in complexity, it is important that nurses make informed, evidence-based decisions regarding his/her own scope of practice.

Clarify what it is you are being asked to do:

- Gather facts that may influence the decision
 - Are there written policies/procedures available to describe how and under what circumstances you will perform this task?
 - Does the new responsibility require professional judgment or simply the acquisition of a new skill?
 - Is this a new expectation for all RNs, LPNs?
 - Has this been done before by others in your unit or facility?
 - Is it just new to you?
 - What about the other facilities in your community or region?

- What are the nurse managers' expectations about you or other nurses becoming responsible for this procedure?
- · When will this become effective?
- Will there be an opportunity to help you attain the needed clinical competency?
- Who will be responsible for the initial supervision and evaluation of this newly performed task?
- Will you be given additional time to learn the skill if you need it?

Assess:

- Are you clinically competent to perform this procedure?
- Do you currently have the knowledge and skills to perform the procedure?
- Have you had experience in previous jobs with this procedure?
- Who is available to assist you who has that skill and knowledge?
- Is that person accessible to you?
- Do you believe you will be able to learn the new skill in the allotted time?
- How can you determine that you are practicing within your scope of nursing?
- What is the potential outcome for the patient if you do or do not perform the procedure?

Identify options and implications of your decision. The options include:

The responsibility/task is not prohibited by the Montana Board of Nursing (MBON) laws and rules

If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, you are ready to accept this new responsibility.

You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competence.

If you believe you will be unable to perform the new task competently, then further discussion with the nurse manager is necessary.

At this point, you may also ask to consult with the next level of management or nurse executive so that you can discuss various perspectives regarding this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are broader implications.

Is this procedure new to you, but other nurses in the organization with similar patient populations are already performing this procedure? To what do you relate your reluctance to accept this responsibility?

Is it a workload issue or is it a competence issue?

- At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer may be able to expect you to perform the task. Both you and the employer share responsibility in making this determination and you need to be open to alternatives.
- Consider resources that you can use for information and support, such as your professional organization, national publications, standards of practice that apply to that specific area of practice and the Montana Nurse Practice Act.

Point of decision/Implications Your decision may be to:

- Accept the newly assigned task you have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the procedure manual and are now accountable for its performance.
- Agree to learn the new procedure according to the plans established by the employer and nationally accepted standards for your education, skills practice, and evaluation. Ensure that documentation of your competence is in your personnel file. If you do not feel adequately prepared to perform the task/procedure, it is your responsibility to inform your employer of this and be willing to develop an action plan for gaining competence.
- Refuse to accept the newly assigned task/procedure. You will need to document the basis for your decision for yourself and your employer. Be prepared to offer alternatives, which may include a change in work setting, a change in employment by choice or by employer decision, or implementing the organization's grievance procedures.

For additional information on applying the Montana Nurse Practice Act, you may:

access the website www.nurse.mt.gov; email the board office dlibsdnur@mt.gov or call the board office at (406) 841-2345



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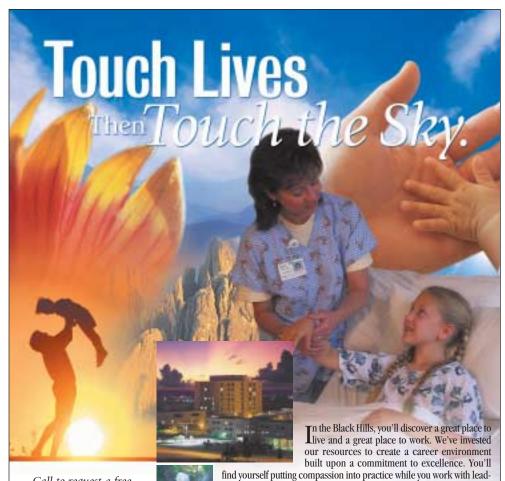
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All RN, LPN, AND APRN licenses expire December 31, 2008

All RN, LPN, AND APRN licenses expire December 31, 2008, so remember that you will receive a notice of renewal in late October/early November this year. If you have had an address or name change and not yet notified the board office, please do so prior to September 1, 2008 in order to ensure that your renewal notice is sent to the correct address! Address and name changes must be submitted in writing. The form can be found on our website: www.nurse.mt.gov



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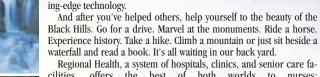


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EMPLOYER INFORMATION

Do You Want to Hire a Nurse? What are some of the things that can hold up a license?

Board staff members often hear complaints from prospective employers that the licensure process of a potential employee takes too long. While the board staff prefers to communicate directly with applicants, they may be able to communicate with employers if there is a written authorization to do so. We do discourage this, however, because it can create unnecessary complications in communication. The board staff also cannot provide licensure examination results over the phone to anyone, including the applicant.

Once an application is complete, meaning all of the required documents are in the board office (such as official transcripts, court documents, completed application form, payment of applicable fees, etc.), the office can then determine if the individual qualifies for a license and/or a temporary permit. The board has a matrix and procedure that is used to make these determinations. If the complete application indicates that qualifications are fully met for licensure, the board staff may issue the license or temporary permit, typically within 2-3 business days.

However, there are several reasons why additional time is needed to process a particular application. Some of the more common reasons are listed below:

- eligibility screening processes make the application 'non-routine' and require further review and possibly requests for further documentation
- there is a pending complaint investigation or there has been disciplinary action against a license held by the applicant

- an unresolved issue pertaining to child support
- applicant did not graduate from a board-approved nursing education program
- applicant has not yet requested that an official transcript from the educational institution be sent directly to the board office (copies and unofficial transcripts provided by the applicant are not accepted)
- if the applicant is applying for licensure by examination, he/she

- did not pass the licensing exam-
- if the applicant is applying for licensure by endorsement from another state, he/she does not hold a current, active license in any other U.S. board jurisdiction
- applicant has not provided a social security number

For all application instructions and board rules relating to licensure processes, please see the board's website: www.nurse.mt.gov

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LICENSE DISCIPLINE

Name	License #	Location	Board Action	Final Order Dat
KAREN REDMAN	RN 10040	Anaconda, MT	License is suspended.	1/17/08
SHELLY MCNEIL	LPN 8003	Anaconda, MT	Three years probation. Mandatory enrollment in	1/17/08
			the Nurses Assistance Program.	
CHRISTINE OLSON	LPN 26490	Billings, MT	Three years probation. Mandatory enrollment in	1/17/08
			the Nurses Assistance Program.	
MARY HADSELL	RN 31570	Billings, MT	License is suspended.	1/17/08
TAMMY WELCH	LPN 27886	Boulder, MT	License is suspended.	1/17/08
ELIZABETH SOHOLT	RN 32296	Box Elder, SD	Summary Suspension	2/7/08
LESLEY KIPP	RN 27774	Browning, MT	License is suspended.	1/17/08
LYNN ROSENBERGER	RN 27614	Browning, MT	Summary Suspension	1/23/08
ALBERT GUAY	RN 30642	Butte, MT	Three required education courses through	1/17/08
			NCSBN due by 07/17/2009.	
TERRI MAYBERRY	RN 27460	Colstrip, MT	License is suspended.	1/17/08
PATRICIA MILLER	LPN 26043	Columbus, MT	License is suspended.	1/17/08
HELEN LODMAN	RN 7512	Denton, MT	Two continuing education courses.	1/17/08
JUDY VERVICK	RN 23030	Fairfield, MT	Summary Suspension	1/11/08
MARTHA LASKOS	RN 18508	Frenchtown, MT	Three years probation. Mandatory enrollment in	1/17/08
			the Nurses Assistance Program.	
STACY MILNOR	RN 29807	Havelock, NC	License is suspended.	1/17/08
JACQUELINE SONMEZ	RN 28189	Helena, MT	License is suspended.	1/17/08
RAMONA REILLY	LPN 7002	Helena, MT	License is suspended.	1/17/08
SANDRA HALL	LPN 6179	Helena, MT	\$400 fine.	1/17/08
KATHLEEN BROWN-SAYLOR	RN 18668	Laurel, MT	Summary Suspension	1/24/08
MARYANN REITER	RN 24022	Laurel, MT	Summary Suspension	1/16/08
KRISTEN STEWART	LPN 31074	Lodge Grass, MT	License is suspended.	1/17/08
DANA FISCUS	LPN 32136	Missoula, MT	Three years probation. Mandatory enrollment in	1/17/08
			the Nurses Assistance Program.	
KAREN NEUMILLER	RN 25875	Missoula, MT	License is suspended.	1/17/08
SANDRA GREENE	RN 8653	Missoula, MT	Letter of Reprimand.	1/17/08
D MICHELLE LONG	RN 30097	Whitefish, MT	Probation for 1 year. Four CE courses. Restricted practice during the probationary period	1/17/08

MEETING DATES					
Meeting Date	Meeting Type	Meeting Time APRIL	Meeting Location	Agenda Topic Requests and Materials	
April 23, 2008	Education	8:00 AM - 10:00 AM	301 South Park, Helena, Mt	March 31, 2008	
April 23, 2008	APRN & Practice	10:00 AM - 12:00 PM	301 South Park, Helena, Mt	March 31, 2008	
April 24, 2008	Adjudication Panel	8:00 AM - 9:00 AM	301 South Park, Helena, Mt	March 31, 2008	
April 24, 2008	Full Board	9:00 AM - 5:00 PM	301 South Park, Helena, Mt	March 31, 2008	
April 25, 2008	Screening Panel	9:00 AM- conclusion	301 South Park, Helena, Mt	Contact Board Office	
		MAY			
May 26, 2008	Screening Panel	9:00 AM- conclusion	301 South Park, Helena, Mt	Contact Board Office	
		JULY			
July 15, 2008	Screening Panel	9:00 AM- conclusion	301 South Park, Helena, Mt	Contact Board Office	
July 16, 2008	Education	8:00 AM - 10:00 AM	301 South Park, Helena, Mt	June 20, 2008	
July 16, 2008	APRN & Practice	10:00 AM - 12:00 PM	301 South Park, Helena, Mt	June 20, 2008	
July 17, 2008	Adjudication Panel	8:00 AM - 9:00 AM	301 South Park, Helena, Mt	June 20, 2008	
July 17, 2008	Full Board	9:00 AM - 5:00 PM	301 South Park, Helena, Mt	June 20, 2008	
		AUGUST			
August 28, 2008	Screening Panel	9:00 AM- conclusion	301 South Park, Helena, Mt	Contact Board Office	
		OCTOBER			
October 14, 2008	Screening Panel	9:00 AM- conclusion	301 South Park, Helena, Mt	Contact Board Office	
October 15, 2008	Education	8:00 AM - 10:00 AM	301 South Park, Helena, Mt	September 19, 2008	
October 15, 2008	APRN & Practice	10:00 AM - 12:00 PM	301 South Park, Helena, Mt	September 19, 2008	
October 16, 2008	Adjudication Panel	8:00 AM - 9:00 AM	301 South Park, Helena, Mt	September 19, 2008	
October 16, 2008	Full Board	9:00 AM - 5:00 PM	301 South Park, Helena, Mt	September 19, 2008	

All meeting schedules and locations are subject to change. Contact board office or check website for final meeting information.

FEE SCHEDULE—MONTANA BOARD OF NURSING

SERVICE	FEE	SERVICE	FEE
Application		Late Fees	
Advanced Practice-Application	75.00	Advanced Practice-Active Late	50.00
LPN/RN-Endorsement Application	200.00	Advanced Practice-Inactive Late	30.00
LPN/RN-Examination Application	100.00	Advanced Practice-Suspended Late	25.00
LPN/RN-Re-Examination Application	100.00	LPN/RN-Active Late	100.00
Medication Aide-Examination Application	25.00	LPN/RN-Inactive Late	50.00
Medication Aide-Re-Examination Application	25.00	LPN/RN-Suspended Late	50.00
Prescriptive Authority-Application	100.00	Medication Aide-Late	20.00
Temporary Permits		Medication Aide-Suspended Late	10.00
Advanced Practice-Temporary Permit	35.00	Prescriptive Authority-Late	75.00
LPN/RN-Temporary Permit	25.00	Changes	
Renewals		Advanced Practice-Inactive to Active Change	20.00
Advanced Practice-Active Renewals	50.00	LPN/RN-Inactive to Active Change	50.00
Advanced Practice-Inactive Renewals	30.00	Miscellaneous	
Advanced Practice-Suspended Renewals	25.00	Duplicate License	5.00
LPN/RN-Active Renewals	100.00	Duplicate Wall Certificate	20.00
LPN/RN-Inactive Renewals	50.00	History	20.00
LPN/RN-Suspended Renewals	50.00	List of Licensees	20.00
Medication Aide-Renewals	20.00	NSF Check Fee	30.00
Medication Aide-Suspended Renewals	10.00	Verification	20.00
Prescriptive Authority-Renewals	75.00		



CONTACT ROSTER

QUESTION	CONTACT
 License Renewal or Re-Activation License Verification Duplicate License Rule Book Orders General Licensing Questions 	Cari Harris OR Kelly Pfeifer (406) 841-2397 (406) 841-2345 Licensing Specialist Licensing Specialist caharris@mt.gov kpfeifer@mt.gov
 Name/Address Change Applications for License by Examination Foreign Applicants 	Cari Harris (406) 841-2397 Licensing Specialist caharris@mt.gov
Applications for Licensure by Endorsement	Kelly Pfeifer (406) 841-2345 Licensing Specialist kpfeifer@mt.gov
Board of Nursing Newsletter	Barbara Swehla OR Mary Ann Zeisler (406) 841-2342 (406) 841-2332 Executive Director Associate Director bswehla@mt.gov mzeisler@mt.gov
 APRN Applications Prescriptive Authority Applications Nursing Practice Applications for Medication Aide Instructor and Program 	Mary Ann Zeisler (406) 841-2332 Associate Director mzeisler@mt.gov
 Formal Nursing Education NCLEX Accommodations Meeting Agenda Item Requests Requests for Presentation of BON Issues in your Facility and/or Community 	Barbara Swehla (406) 841-2342 Executive Director bswehla@mt.gov
 Disciplinary Issues Complaint Process License Suspension and Reinstatement 	Dustin Johnson (406) 841-2344 Compliance Specialist djohnson@mt.gov
Roster OrdersMeeting InformationAPRN License Verifications	Mary Ann Zeisler (406) 841-2332 Associate Director mzeisler@mt.gov



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- Surgical Services

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- Dialysis
- Emergency & Trauma
- Psychiatry

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Health Care, Education, Research



